

**INSPECTIONS AND APPEALS DEPARTMENT[481]**

**Adopted and Filed**

**Rule making related to licensure and regulation of residential care facilities**

The Department of Inspections and Appeals hereby amends Chapter 57, “Residential Care Facilities,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code sections 10A.104(5) and 135C.14.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code section 135C.14.

*Purpose and Summary*

Iowa Code section 135C.2(3)“b” allows the Department to establish by administrative rule special classifications within the residential care facility category for facilities intended to serve individuals who have special health care problems or conditions in common. Currently, Chapter 63 applies to residential care facilities for persons with an intellectual disability (RCFs/ID). After reviewing several chapters, the Department has determined that an entire chapter specific to RCFs/ID is not necessary as many of the provisions of Chapter 63 overlap with those in Chapter 57. These amendments add licensure for RCFs/ID to Chapter 57, “Residential Care Facilities.” In an Adopted and Filed rule making published simultaneously with this rule making (see **ARC 3740**, herein), the Department is rescinding Chapter 63 and adopting in lieu thereof a new Chapter 63 specific to three- to five-bed residential care facilities.

*Public Comment and Changes to Rule Making*

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on December 6, 2017, as **ARC 3472C**. A public hearing was held on January 3, 2018, at 10 a.m. in the Lucas State Office Building, Des Moines, Iowa. Comments about the Department’s changes to Chapter 63 were discussed at the public hearing. However, no comments were received on these specific rules. The Department made one change to the rule making by adding a new Item 3, which requires training for staff relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16.

*Adoption of Rule Making*

This rule making was initially reviewed by the State Board of Health at its November 8, 2017, meeting, and subsequently approved by the Board at its March 14, 2018, meeting. This rule making was adopted by the Department on March 14, 2018.

*Fiscal Impact*

This rule making has no fiscal impact to the State of Iowa.

*Jobs Impact*

After analysis and review of this rule making, no impact on jobs has been found.

### *Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to 481—Chapter 6.

### *Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee's meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

### *Effective Date*

This rule making will become effective on May 16, 2018.

The following rule-making actions are adopted:

ITEM 1. Amend rule 481—57.1(135C), introductory paragraph, as follows:

**481—57.1(135C) Definitions.** ~~For the purposes of these rules, the following terms shall have the meanings indicated in this rule.~~ The following definitions apply to this chapter and to 481—Chapter 62. The definitions set out in Iowa Code section 135C.1 shall be considered to be incorporated verbatim in these rules.

ITEM 2. Amend rule 481—57.6(135C) as follows:

#### **481—57.6(135C) Special classification—memory care classifications.**

##### **57.6(1) Memory care.**

~~57.6(1)~~ *a.* *Designation and application.* A residential care facility may choose to care for residents who require memory care in a distinct part of the facility or designate the entire residential care facility as one that provides memory care. Residents in the memory care unit or facility shall meet the level of care requirements for a residential care facility. “Memory care” in a residential care facility means the care of persons with early Alzheimer’s-type dementia or other disorders causing dementia. (I, II, III)

~~a.~~ (1) Application for approval to provide this category of care shall be submitted by the licensee on a form provided by the department. (III)

~~b.~~ (2) Plans to modify the physical environment shall be submitted to the department for review based on the requirements of 481—Chapter 60. (III)

~~c.~~ (3) If the unit or facility is to be a locked unit or facility, all locking devices shall meet the Life Safety Code and any requirements of the state fire marshal. If the unit or facility is to be unlocked, a system of security monitoring is required. (I, II, III)

**57.6(2) b.** *Résumé of care.* A résumé of care shall be submitted to the department for approval at least 30 days before a separate memory care unit or facility is opened. For facilities with a memory care unit, this résumé of care is in addition to the résumé of care required by subrule 57.3(2). A new résumé of care shall be submitted when services are substantially changed. The résumé of care shall:

- ~~a.~~ (1) Describe the population to be served;
- ~~b.~~ (2) State the philosophy and objectives;
- ~~c.~~ (3) List criteria for transfer to and from the memory care unit or facility;
- ~~d.~~ (4) Include a copy of the floor plan;
- ~~e.~~ (5) List the titles of policies and procedures developed for the unit or facility;
- ~~f.~~ (6) Propose a staffing pattern;
- ~~g.~~ (7) Set out a plan for specialized staff training;
- ~~h.~~ (8) State visitor, volunteer, and safety policies;

- ~~i.~~ (9) Describe programs for activities, social services and families; and
- ~~j.~~ (10) Describe the interdisciplinary team and the role of each team member.
- 57.6(3) c.** *Policies and procedures.* Separate written policies and procedures shall be implemented in the memory care unit or facility and shall address the following:
  - ~~a.~~ (1) Criteria for admission and the preadmission evaluation process. The policy shall require a statement from the primary care provider approving the placement before a resident may be moved into a memory care unit or facility. (II, III)
  - ~~b.~~ (2) Safety, including a description of the actions required of staff in the event of a fire, natural disaster, ~~or~~ emergency medical event or catastrophic event. Safety procedures shall also explain steps to be taken when a resident is discovered to be missing from the unit or facility; and when hazardous cleaning materials or potentially dangerous mechanical equipment is being used in the unit or facility; and explain the manner in which the effectiveness of the security system will be monitored. (II, III)
  - ~~c.~~ (3) Staffing requirements, including the minimum number, types and qualifications of staff in the unit or facility in accordance with resident needs. (II, III)
  - ~~d.~~ (4) Visitation policies, including suggested times for visitation and ensuring the residents' rights to free access to visitors unless visits are contraindicated by the interdisciplinary team. (II, III)
  - ~~e.~~ (5) The process and criteria which will be used to monitor and to respond to risks specific to the residents, including but not limited to drug use, restraint use, infections, incidents and acute behavioral events. (II, III)
- 57.6(4) d.** *Assessment prior to transfer or admission.* Prior to the transfer or admission of a resident applicant to the memory care unit or facility, a complete assessment of the resident applicant's physical, mental, social and behavioral status shall be completed to determine whether the applicant meets admission criteria. This assessment shall be completed by facility staff and shall become part of the resident's permanent record upon admission. (II, III)
- 57.6(5) e.** *Staff training.* All staff working in a memory care unit or facility shall have training appropriate to the needs of the residents. (I, II, III)
  - ~~a.~~ (1) Upon assignment to the unit or facility, all staff working in the unit or facility shall be oriented to the needs of residents requiring memory care. Staff members shall have at least six hours of special training appropriate to their job descriptions within 30 days of assignment to the unit or facility. (I, II, III)
  - ~~b.~~ (2) Training shall include the following topics: (II, III)
    - ~~(1)~~ 1. An explanation of Alzheimer's disease and related disorders, including symptoms, behavior and disease progression;
    - ~~(2)~~ 2. Skills for communicating with persons with dementia;
    - ~~(3)~~ 3. Skills for communicating with family and friends of persons with dementia;
    - ~~(4)~~ 4. An explanation of family issues such as role reversal, grief and loss, guilt, relinquishing the caregiving role, and family dynamics;
    - ~~(5)~~ 5. The importance of planned and spontaneous activities;
    - ~~(6)~~ 6. Skills in providing assistance with activities of daily living;
    - ~~(7)~~ 7. Skills in working with challenging residents;
    - ~~(8)~~ 8. Techniques for cueing, simplifying, and redirecting;
    - ~~(9)~~ 9. Staff support and stress reduction;
    - ~~(10)~~ 10. Medication management and nonpharmacological interventions.
  - ~~c.~~ (3) Nursing staff, certified medication aides, medication managers, social services personnel, housekeeping and activity personnel shall have a minimum of six hours of in-service training annually. This training shall be related to the needs of memory care residents. The six-hour initial training required in paragraph 57.6(5) "a" subparagraph 57.6(1) "e" (1) shall count toward the required annual in-service training. (II, III)
- 57.6(6) f.** *Staffing.* There shall be at least one staff person on a memory care unit at all times. (I, II, III)
- 57.6(7) g.** *Others living in the memory care unit.* A resident not requiring memory care services may live in the memory care unit if the resident's spouse requiring memory care services lives in the

unit or if no other beds are available in the facility and the resident or the resident's legal representative consents in writing to the placement. (II, III)

**57.6(8) h.** *Revocation, suspension or denial.* The memory care unit license or facility license may be revoked, suspended or denied pursuant to Iowa Code chapter 135C and 481—Chapter 50.

**57.6(2) Residential care facility for persons with an intellectual disability (RCF/ID).**

*a. Definition.* For purposes of this rule, the following term shall have the meaning indicated.

*“Qualified intellectual disability professional”* means a psychologist, physician, registered nurse, educator, social worker, physical or occupational therapist, speech therapist or audiologist who meets the educational requirements for the profession, as required in the state of Iowa, and has one year's experience working with persons with an intellectual disability.

*b. Designation and application.* A residential care facility may choose to care for persons with an intellectual disability in a distinct part of the facility or designate the entire residential care facility as a residential care facility for persons with an intellectual disability. Residents shall meet the level of care requirements for a residential care facility. (I, II, III)

(1) Application for approval to provide this category of care shall be submitted by the licensee on a form provided by the department. (III)

(2) Plans to modify the physical environment shall be submitted to the department for review based on the requirements of 481—Chapter 60. (III)

*c. Résumé of care.* A résumé of care shall be submitted to the department for approval at least 30 days before a residential care facility for persons with an intellectual disability is opened. A new résumé of care shall be submitted when services are substantially changed. The résumé of care shall:

- (1) Describe the population to be served;
- (2) Include a copy of the floor plan;
- (3) List the titles of policies and procedures developed for the unit or facility;
- (4) Set out a plan for specialized staff training;
- (5) State visitor, volunteer, and safety policies;
- (6) Describe programs for activities, social services and families; and
- (7) Describe the interdisciplinary team and the role of each team member.

*d. Policies and procedures.* Separate written policies and procedures shall be implemented in the residential care facility for persons with an intellectual disability and shall address the following:

(1) Criteria for admission and the preadmission evaluation process. The policy shall require a statement from the primary care provider approving the placement before a resident may be moved into a residential care facility for persons with an intellectual disability. The policy shall require a primary diagnosis of an intellectual disability for admission. (II, III)

(2) Safety, including a description of the actions required of staff in the event of a fire, natural disaster, emergency medical event or catastrophic event. (II, III)

(3) Staffing requirements, including the minimum number, types and qualifications of staff in the facility in accordance with resident needs. (II, III)

(4) Visitation policies, including suggested times for visitation and ensuring the residents' rights to free access to visitors unless visits are contraindicated by the interdisciplinary team. (II, III)

(5) The process and criteria which will be used to monitor and to respond to risks specific to the residents, including but not limited to drug use, restraint use, infections, incidents and acute behavioral events. (II, III)

*e. Assessment prior to transfer or admission.* Prior to the transfer or admission of a resident applicant to the facility, a complete assessment of the resident applicant's physical, mental, social and behavioral status shall be completed to determine whether the applicant meets admission criteria. This assessment shall be completed by facility staff and shall become part of the resident's permanent record upon admission. (II, III)

*f. Administrator qualifications.* In addition to meeting the requirements of subrule 57.10(1), the administrator of a residential care facility for persons with an intellectual disability shall have at least one year's documented experience in direct care or supervision of persons with an intellectual disability.

An individual employed as an administrator on May 16, 2018, will be deemed to meet the requirements of this subrule.

g. *In-service educational programming.* The in-service educational programming required by paragraph 57.10(2)“c” shall include educational programming specific to serving persons with an intellectual disability.

h. *Revocation, suspension or denial.* The facility license may be revoked, suspended or denied pursuant to Iowa Code chapter 135C and 481—Chapter 50.

This rule is intended to implement Iowa Code sections 135C.2(3)“b” and 135C.14.

ITEM 3. Adopt the following **new** subrule 57.32(5):

**57.32(5)** Staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16. (I, II, III)

[Filed 3/14/18, effective 5/16/18]

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EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 4/11/18.